

**Employee Time Record Sheet for Mandated Costs
764/99 INTEGRATED WASTE MANAGEMENT (CCD)
3. SOURCE REDUCTION, COMPOSTING, AND RECYCLING
Form Instructions**

The purpose of this time record is to collect information on employee time spent working on programs mandated by the state. ***Do not report any time on this form if it has been already reported on form 1.6B -3.***

Employee Information

Your name, exact job title, time spent, and description of the activity is required by the State Controller to support the annual claim for reimbursement. The department and location information is used to obtain payroll information when necessary for determining the cost of the time spent on the program.

Activity Description:

- Code 6** Staff time and costs to Implement the District Integrated Waste Management Plan that includes:
- A. Source Reduction: Use of reusable cups, use of electronic forms, use of electronic media, double-sided copying, property re-utilization, utilizing CalMAX, utilizing a food exchange, salvage yards, xeriscaping/grass-cycling, and other programs
 - B. Recycling: Beverage containers, cardboard, glass, newspaper, office paper, plastics, scrap metal, other material, special collection programs, clean-up events
 - C. Composting: commercial pick-up of green waste, commercial self-haul of green waste, food waste composting, and other composting programs
 - D. Special Waste: Construction/demolition recycling, concrete/rubble reuse, concrete/asphalt recycling, rendering/grease recycling, tires, drop-off at landfills, used oil/antifreeze, white and brown goods recycling, wood waste chipping/composting, batteries, paint, etc.
 - E. Procurement Activities: State Agency Buy Recycled Campaign, College/district recycled content procurement policy, requiring recycled content product certification for all purchases, pro-actively working with recycled product supplies

On the back of this sheet is a time sheet to report your participation in the mandated program. Indicate the time spent on each of the reimbursable activities.

If your activity generates work product such as policy statements, forms, brochures, meeting agenda materials, please send them along with these forms for our files.

Employee Time Record Sheet for Mandated Costs 764/99 INTEGRATED WASTE MANAGEMENT (CCD) 3. SOURCE REDUCTION, COMPOSTING, AND RECYCLING

District San Mateo County Community College District Fiscal Year: _____

Employee Name _____ Exact Position Title _____

Dept. & Location _____ Telephone # _____ 12mo/11mo/10mo/hrly
Work year length _____

Reimbursable Activities: Staff time and costs to Implement the District Integrated Waste Management Plan that includes:
Code 6A Source Reduction: Reusable cups, use of electronic forms and media, double-sided copying, property re-utilization, utilizing CalMAX, food exchange, salvage yards, grass-cycling, and other programs
Code 6B Recycling: Paper, cardboard, glass, plastics, scrap metal, special collection programs, clean-up events
Code 6C Composting: commercial pick-up of green waste, food waste composting, and other programs
Code 6D Special Waste: Concrete/rubble, concrete/asphalt, rendering/grease, tires, landfills, used oil/antifreeze, white and brown goods recycling, wood waste chipping/composting, batteries, paint, etc.
Code 6E Procurement Activities: State and College recycled content procurement policy, requiring recycled content product certification for all purchases, pro-actively working with recycled product supplies.

NOTE: Only one code entry per line.

Date:	Activity Code (circle one):	Describe Activity:	Time in Hours	Materials Costs & Expenses:
	6A 6B 6C 6D 6E			
	6A 6B 6C 6D 6E			
	6A 6B 6C 6D 6E			
	6A 6B 6C 6D 6E			
	6A 6B 6C 6D 6E			
	6A 6B 6C 6D 6E			
	6A 6B 6C 6D 6E			
	6A 6B 6C 6D 6E			
	6A 6B 6C 6D 6E			
	6A 6B 6C 6D 6E			
	6A 6B 6C 6D 6E			

Attach: Documentation available to substantiate reported time and expenses. This can include meeting agendas, calendar notes, invoices for equipment and supplies.

EMPLOYEE CERTIFICATION: The State of California requires that school district personnel maintain a record of data for state mandates in order for the district to receive reimbursement. Your signature on this form certifies that you have reported actual data or have provided a good faith estimate which you "certify under the penalty of perjury to be true and correct based on your personal knowledge or information." This information is used for cost accounting purposes only.

Employee Signature _____ Date _____

If you have any questions, please contact Raymond Chow, at 358-6742.

PLEASE SUBMIT THIS INFORMATION BY _____; TO Suki Chang.